

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

8-9-05

CLAIMS

AS FILED	APPLIED FOR AMENDMENT		APPLIED FOR AMENDMENT	
	IND	DEP	IND	DEP
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34	1	1		
35			1	
36			1	
37			1	
38			1	
39				
40	1			
41			1	
42			1	
43			1	
44			1	
45			1	
46			1	
47			1	
48			1	
49			1	
50			1	

TOTAL IND.  
TOTAL  
DEP.  
TOTAL  
CLAIMS

TOTAL IND. 1  
TOTAL DEP. 39  
TOTAL CLAIMS 40

39  
44  
47